Arkansas State Medical Board Newsletter

2018 Volume 1, Number 1

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Board Members

Arkansas Medical Foundation Information

By: Bradley Diner, M.D.

The Arkansas Medical Foundation was formed to assist the Physicians Health Committee of the Arkansas Medical Society and the Caring Dentist Committee of the Arkansas State Dental Association. This peer review program is designed to aid in the detection; potential treatment recommendation; and monitoring of impaired physicians, dentists and other licensed healthcare professionals who are afflicted with mental illness, substance use disorders, boundary problems or cognitive deficits. Our hope is to ensure the continued availability of highly trained medical professionals for the benefit of the patients of the state of Arkansas.

A trend over the past few years reflects improved awareness of our presence and continued success in achieving our mission goals. Aided by contributions from The Arkansas Medical Society and Arkansas Mutual Insurance Company, the Foundation is now monitoring approximately 150 healthcare professionals.

We enjoy the support of the Arkansas State Medical Board. We remain a member of the Federation of State Physician Health Programs which allows us to stay abreast of industry policy and national trends in the care of physicians. We encourage voluntary contact with our office before potential devastating consequences develop. We are committed to helping with rehabilitation, thereby ensuring that we are able to assist our practitioners to be able to continue their safe and successful medical practice.

Please visit our website at www.arkmedfoundation.org. We may also be reached at 501-224-9911 and at director@arkmedfoundation.org.

CCVS Attestations

The Centralized Credentials Verification Service (CCVS) operated by the Arkansas State Medical Board is certified by the National Committee for Quality Assurance (NCQA). To meet compliance requirements for NCQA and the Board, a fully completed CCVS attestation, dated within the past 120 days, must be on file with the CCVS office in order for facilities to purchase a physician's credentialing profile.

For that reason, the Arkansas State Medical Board sends quarterly emails to those physicians who do not have a current CCVS Attestation on file with the Board. Failure to have an updated attestation on file can result in a delay of

release of credentialing information to hospitals and MCOs. The Board requests all physicians update their attestations every 120 days through the licensee log-in section of the website (https://www.armedicalboard.org.)

In addition, it is extremely helpful to provide CCVS with a current insurance certificate and a current CV on an annual basis. These documents can be emailed to CCVS at Documents@armedicalboard.org.

Changes to the Medical Practices Act

Over the course of the past few months, a number of changes to various regulations which are a part of the Medical Practices Act were implemented. Specifically, Regulation 41 was enacted and Regulations 17, 24, and 2 were amended. It is very important for practitioners to stay updated on the changes in the law which affect their practice. When changes are made to regulations, an announcement is posted on the ASMB website and notifications are sent to those persons who have signed up to receive notifications from the Board. We encourage all practitioners to sign up for notifications in order to stay updated on any changes to the law or other pertinent information. You can sign up for notifications through the licensee log-in portal on the ASMB website.

Regulation 41

Act 820 of 2017 and ASMB Regulation 41 require prescribers to access the Prescription Drug Monitoring Program (PDMP) prior to prescribing a Schedule II or III opioid to a patient and prior to prescribing a benzodiazepine for the first time to a patient except in very limited circumstances. The Medical Board encourages all physicians and physician assistants who prescribe any controlled medications to sign up for and utilize the PDMP. To register for access to the PDMP please go to http://www.arkansaspmp.com. More information regarding the PDMP can be found in this newsletter.

Regulation 17

Beginning in the 2019 renewal cycle, every physician and physician assistant will be required to obtain one hour of prescribing education relating to opioids and benzodiazepines as a part of their 20 hours of Continuing Medical Education (CME). This change is contained in Regulation 17 which was adopted by the Board in April 2018 and went into effect June 13, 2018. There are no exceptions to the requirement so all physicians and physician assistants, regardless of their practice model, must comply with the regulation.

In order to assist practitioners in obtaining this necessary CME, the Arkansas State Medical Board has partnered with UAMS regarding AR-Impact (Improving Multi-disciplinary Pain Care and Treatment), a program designed to help Arkansas practitioners better manage chronic pain patients and those who need their opioid dosage reduced. AR-IMPACT is a weekly interactive tele-video program offering free CME credit. The first conference occurred May 2 and will continue to be held each Wednesday, from 12 to 1 p.m. The interactive conferences begin with a brief didactic presentation about an aspect of the care of these patients, followed by a case conference format where doctors can present their difficult cases for discussion with their peers and with a panel of subspecialists. More information about AR-Impact can be found at https://arimpact.uams.edu/.

ATTENTION!

Change of Address Form is now available on the ASMB website:

http://www.armedicalboard.org

Please FAX: (501) 603-3555

Email: support@armedicalboard.org (**in .pdf only**)

Or Mail to:
Arkansas State Medical Board
1401 West Capitol Avenue, Suite 340
Little Rock, AR 72201-2936

Change of Address may be completed online with a licensee account.

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Board Meeting Dates

October 4-5, 2018

December 6-7, 2018

February 7-8, 2019

April 4-5, 2019

June 6-7, 2019

August 1-2, 2019

October 3-4, 2019

December 5-6, 2019

Committee Meeting Dates

Pain Committee Meetings
Meetings begin at 3:00 PM.

September 13, 2018

December 13, 2018

PA Committee Meeting
PA Meetings begin at 2:00 PM.

October 3, 2018

December 5, 2018

OT Committee Meeting
Meetings begin at 1:00 PM.

September 10, 2018

November 5, 2018

RT Committee Meeting
Meetings begin at 1:00 PM.

September 21, 2018

December 14, 2018

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Regulation 24

At the December 2017 meeting, the Board adopted an amendment to Regulation 24 governing physician assistants. The amendment removed the requirement that the supervising physician be able to reach the physician assistant within one hour when the physician assistant is rendering services to patients. The effective date of this change was June 12, 2018. More information regarding changes to processes regarding physician assistants can be found in this newsletter.

Regulation 2

A substantial amount of attention has been given to changes to Regulation 2 and the definition of "excessive" as it relates to prescribing of controlled substances. The primary changes to Regulation 2 are as follows:

4. The prescribing of excessive amounts of controlled substances to a patient including the writing of an excessive number of prescriptions for an addicting or potentially harmful drug to a patient. "Excessive" is defined as the writing of any prescription in any amount without a detailed medical justification for the prescription documented in the patient record.

   A. Chronic Pain: If there is documented medical justification, "excessive" is defined, pursuant to the Centers for Disease Control (CDC) guideline for prescribing opioids for chronic pain, as prescribing opioids at a level that exceeds ≥50 Morphine Milligram Equivalents (MME) per day, unless the physician/physician assistant documents each of the following:

   a. Objective findings, which include, but are not limited to, imaging studies, lab testing and results, nerve conduction testing, biopsy, and any other test that would establish pain generating pathology.

   b. Specific reasons for the need to prescribe ≥ 50 MME per day.

   c. Documented alternative treatment plans as well as alternative therapies trialed and failed prior to considering chronic opioid therapy.

   d. Documented risk factor assessment detailing that the patient was informed of the risk and the addictive nature of the prescribed drug.

   e. Documented assessment of the potential for abuse and/or diversion of the prescribed drug.

   f. That the Prescription Drug Monitoring Program had been checked prior to issuing the prescription.

   g. A detailed clinical rationale for the prescribing and the patient must be seen in an in-person examination every three (3) months or every 90 days.

   h. The definition of "excessive" as contained in this Regulation shall not apply to prescriptions written for a patient in hospice care, in active cancer treatment, palliative care, end-of-life care, nursing home, assisted living or a patient while in an inpatient setting or in an emergency situation.

i. Regular urine drug screens should be performed on patients to insure the patient is taking prescribed medications and is not participating or suspected in participating in diversion or abuse of non-prescribed medications. The treatment of chronic pain shall be consistent with the CDC guidelines as they relate to baseline drug testing, and at least annual follow up testing as warranted for treatment.

j. A pain treatment agreement must be signed and reviewed by the patient when initiating chronic opioid therapy. This agreement should discuss the following: informed risk and addictive nature of prescribed medications, outline the specific expectations between patient and physician, informed consent for periodic urine drug screenings and random pill counts with urine screening as well as the provisions for termination of opioid therapy.

B. Acute Pain: For treatment of acute pain, "excessive" is further defined as an initial prescription written for more than seven (7) days, without detailed, documented medical justification in the medical record. If the patient requires further prescriptions, they must be evaluated in regular increments with documented medical justification for continued treatment in medical record.

C. When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to > 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to > 90 MME/day or carefully justify a decision to tritrate dosage to > 90 MME/day.

This change was accepted by the Board after two public comment meetings in which members of the public spoke in opposition to the changes based on a fear their physicians would no longer prescribe any scheduled medications. Based on some of those comments, it was determined that some physicians may have misinterpreted the definition of excessive and may be telling patients the Arkansas State Medical Board no longer allows physicians to prescribe certain controlled substances. This is not the case.

The changes do not require that physicians cease prescribing controlled substances. As with any prescription, there must be a documented, detailed medical justification for the prescription in the patient record. For those cases with the documented, detailed medical justification and for which the prescription is written for chronic pain, the change in Regulation 2 would adopt the CDC guidelines limiting the prescription to less than 50 Morphine Milligram Equivalents per day unless the physician documents certain findings in the file. Those findings are delineated in the Regulation.

For those persons being prescribed controlled substances for acute pain, the prescription limitation is 7 days unless there is detailed, documented medical justification in the patient record for a prescription of a longer duration.

Changes to the Physician Assistant Processes

The Arkansas State Medical Board is excited to announce that the Physician Assistant (PA) Advisory Committee has approved the revision of multiple processes affecting Physician Assistants and their Supervising Physician authority.

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Whether applying for a new license OR new Supervising Physician authority, automatic appearances are no longer necessary. Upon receipt of the completed paperwork, it is reviewed for acceptability. All of the information requested within the application is necessary for determination of the need to appear. If your paperwork is determined to be acceptable, it will be presented to the entire PA Advisory Committee for their determination. The Committee determines whether the request is approved or whether an appearance is required.

Supervising and Back-up Supervising Physician Applications have been revised to reduce the amount of duplication that was previously required. The applications now link the Physician Assistant to the Supervising or Back-up Supervising Physician exclusively. This change allows application flexibility for the Back-up Supervising Physicians. The new applications can remain in the PA file for interchangeability.

July 11, 2018 the PA Advisory Committee authorized the use and placement of an EDITABLE Example Protocol for placement on the ASMB website. Practitioners wishing to utilize the editing capability will need to access the ASMB website, choose the "For the Practitioner" tab, select "Physician Assistant" and further select "PA Example Protocol". This will initiate the document for download and revision.

Physician Assistant and Supervising Physician teams will have the capability to modify the Example Protocol to meet their needs, however it is important to note that each area of the original document will need to remain consistent (minus your modification) after editing.

As always, this office strives to provide our practitioners with the most effort-friendly routes to the desired outcome. If there is a question or request you need help with, please call or email our office for assistance. The office can be reached by phone at 501-296-1802 or by email to licensemonitor@armedicalboard.org**.**

Journal of Medical Regulation Offers Special CME Edition on Physician Wellness and Burnout

The *Journal of Medical Regulation* (JMR), published by the Federation of State Medical Boards, has released a special Continuing Medical Education edition addressing physician wellness and burnout – a serious issue that is on the rise in the United States.

Studies have shown that at any time, as many as half of U.S. physicians may be suffering from at least one symptom of burnout, which has been documented to be a threat to patient safety and effective medical care. Major health care organizations, including the National Academy of Medicine, have launched initiatives recently to address the issue.

In the new edition, now available online at http://bit.ly/2n99xGR, *JMR* offers

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four articles and the full text of the FSMB's new policy on physician wellness and burnout, adopted recently by its House of Delegates. The articles, available free online, are being offered for a maximum of 2 *AMA PRA Category 1 Credits*™.

Physicians and others who wish to receive CME credit must read the content, register, and take a post-test online.

For more information about this educational resource, please contact the FSMB's Education Department at 817-868-5160 or via email at kalfred@fsmb.org.

PDMP Peer Comparison Reports

As required by Act 820, in April 2018, the Prescription Drug Monitoring Program (PDMP) delivered the first set of Peer Comparison Reports to every prescriber who had prescribed at least one controlled drug within the period of October 2017 – March 2018. These individualized reports provide information regarding current prescription volume, prescribing behavior and PDMP use. After receipt of the information, many prescribers contacted the PDMP and the Arkansas State Medical Board with questions about delegates, specialties, and who will see the information. Denise Robertson, PD, Prescription Drug Monitoring Administrator, provided answers to these questions.

Many prescribers voiced concerns that the PDMP was not giving them credit for the checks done by their delegates. According to Dr. Robertson, this discrepancy was due to the delegates' failure to properly attribute the PDMP check to the correct prescriber thus making it appear the prescriber was not properly checking the PDMP. Although a person may be a delegate for numerous prescribers, delegates only have one log-in identity but can assign a PDMP search to separate providers. In order to have the PDMP correctly attribute the searches, the delegate must properly assign the search to the correct provider.

Many physicians asked to whom they are being compared. The providers are compared to other providers in the same self-identified NPI specialty. The providers selected their specialty when they set up their accounts. If a provider does not think his/her specialty is correct, he/she can go into the PDMP account and change information regarding specialty. E.g., if a person is a family medicine physician who has a large hospice practice, the specialty can be changed to family medicine/hospice/palliative medicine.

Providers have asked whether the Medical Board will receive copies of the comparison reports. Unless provided by the physician, the Medical Board will not receive copies of these reports. The PDMP will provide the comparison reports to the Medical Board only if there are concerns about prescribing habits; no changes are made within one year; and the prescriber does not respond to the Department of Health regarding concerns. The earliest this will occur is the second quarter of 2019.

Dr. Robertson stressed that the purpose of the comparison report cards is to allow prescribers to self-monitor and self-correct. The reports will be electronically delivered on a quarterly basis to the providers' PDMP dashboards. If providers have any questions, they can contact the PDMP at the numbers provided in the email which contained the initial comparison reports. Additional details may be found by clicking here.

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